

FEB. 12. 2008 2:39PM

GOWLINGS CANADA INC

NO. 2804 P. 2/2

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Complete and send this form, together with applicable fee(s), to: **Mail** Mail Stop ISSUE FEE
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7590

11/13/2007

GOWLING LAFLEUR HENDERSON LLP
 Suite 2600
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 Ottawa, ON K1P 1C3
 CANADA

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Ikuko Wada	(Depositor's name)
Ikuko Wada	(Signature)
February 12, 2008	(Date)

02/12/2008 FMETEK12 00000116 501644 09853716

01 FC:1501 1440.00 DA				
02 FC:1504 PUBLICATION FEE 000.00 DA	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/853,716	05/14/2001	Tim Wilson	08-887325US1	6617

TITLE OF INVENTION: SERVER AND METHOD FOR PROVIDING SPECIFIC NETWORK SERVICES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$300	\$0	\$1740	02/13/2008

EXAMINER	ART UNIT	CLASS-SUBCLASS
BESROUR, SAOUSSEN	2131	726-015000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1	_____
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

SolutionInc Limited

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Halifax, Nova Scotia, Canada

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
- ☒ Publication Fee (No small entity discount permitted)
- ☐ Advance Order - # of Copies _____

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- ☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-1644 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Ikuko Wada

Date February 12, 2008

Typed or printed name

Ikuko Wada

Registration No. 43,432

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